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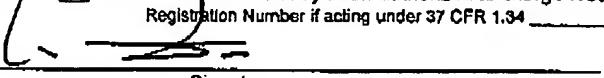
APR 15 2006

PTO/SB/22 (12-04)

Approved for use through 07/31/2006. OMB 0651-0031

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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</small> | | Docket Number (Optional) 67,200-1215 | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------|---|----------------|------------|-------------------------|--|---|-------|------|----------|---|-------|-------|----------------|--|--------|-------|----------|---|--------|-------|----------|---|--------|--------|----------|
| Application Number: 10/789,793 | | Filed: 02/27/2004 | | | | | | | | | | | | | | | | | | | | | | | | |
| For: ELECTROPLATING APPARATUS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art Unit: 1753 | | Examiner: VAN, Luan V. | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period of time for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th><u>Fee</u></th> <th><u>Small Entity Fee</u></th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)</td> <td>\$120</td> <td>\$60</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)</td> <td>\$450</td> <td>\$225</td> <td>\$450.00 _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)</td> <td>\$1020</td> <td>\$510</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)</td> <td>\$1590</td> <td>\$795</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)</td> <td>\$2160</td> <td>\$1080</td> <td>\$ _____</td> </tr> </tbody> </table> | | | | <u>Fee</u> | <u>Small Entity Fee</u> | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2) | \$450 | \$225 | \$450.00 _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3) | \$1020 | \$510 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4) | \$1590 | \$795 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5) | \$2160 | \$1080 | \$ _____ |
| | <u>Fee</u> | <u>Small Entity Fee</u> | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1) | \$120 | \$60 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2) | \$450 | \$225 | \$450.00 _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3) | \$1020 | \$510 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4) | \$1590 | \$795 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5) | \$2160 | \$1080 | \$ _____ | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Applicants claims small entity status. See 37 CFR 1.27. | | 04/17/2006 TL0111 00000018 10789793 | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | 01 FC:1252 450.00 OP | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number _____ I have enclosed a duplicate copy of this sheet. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee or record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number: <u>31,311</u></p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. Registration Number if acting under 37 CFR 1.34 _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  Signature | | <u>4/15/06</u> Date | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>RANDY W. TUNG</u> Typed or printed name | | <u>(248) 540-4040</u> Telephone number | | | | | | | | | | | | | | | | | | | | | | | | |
| Note: Signature of all the inventors or assignees or record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below. <input type="checkbox"/> Total of _____ forms are submitted. | | | | | | | | | | | | | | | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 months to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Mail Stop Express Abandonment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

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